

# Frederick County Department of Aging



## Fitness Programs PHYSICIAN'S APPROVAL

\_\_\_\_\_ has been examined by me and has my approval to participate in the Fitness Program(s) marked below.

( )- **STRENGTH TRAINING:** Sitting/Standing/Hand Held Weights to improve strength, agility and endurance for those currently or recently in a fitness program.

( )- **CHAIR YOGA:** Sitting/Standing/Floor as tolerated to improve balance, coordination and flexibility for those with varying fitness experience.

( )- **MOVEMENT FOR MOTION:** Seated/some standing as able/light hand weights as tolerated to improve range of motion, endurance and strength for those with limited mobility, chronic conditions and limited or no exercise experience.

( )- **ZUMBA GOLD:** Standing/Vigorous paced aerobic exercise for individuals with fitness experience.

( )- **OTHER:** please specify \_\_\_\_\_

\_\_\_\_\_

Are there any limiting conditions for participation in this/these programs?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please specify.

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date